



# City of Fargo Fargo Cass Public Health Raised Planting Bed Permit Application

Fargo Cass



Public Health  
Prevent. Promote. Protect.

APPLICANT NAME:	PHONE:	EMAIL ADDRESS:		
ADDRESS:		CITY:	STATE:	ZIP CODE:
ND ONE CALL TICKET NUMBER:	CONSTRUCTION START DATE:		CONSTRUCTION END DATE:	

## **1) DESCRIPTION OF WORK**

Include raised bed height, size, location on the boulevard, building material. Attach detailed drawing of plan.

## **2) ATTACH PROOF OF INSURANCE**

Property owner must maintain general liability insurance. Attach proof of insurance with a Certificate of Liability Insurance describing the limits of coverage and naming the City of Fargo as an additional insured party.

## **3) ACKNOWLEDGEMENT**

By signing this application, I (the applicant) agree to adhere to all provisions, codes and statutes of the City of Fargo, including stipulations in the Boulevard Garden ordinance.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**MAIL APPLICATION:**  
Fargo Cass Public Health  
ATTN: Cheryl Stetz  
1240 25th Street South  
Fargo, ND 58103-2367

OR

**EMAIL:**  
[CStetz@FargoND.gov](mailto:CStetz@FargoND.gov)

For more information, please call 701.241.1367

## **FOR OFFICE USE ONLY:**

**APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Fargo Cass Public Health Representative)

Revised 11/1/21